

MISSOURI DIVISION OF HEALTH.—STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE 10 1003

**DO NOT WRITE
ON THIS STUB.**

AMENDED

Registration District No. _____

FILED MAR 1 1964

Primary Registration District No. _____

Registrar's No.

2464

-63-008669
STATE FILE NUMBER

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**USE BLACK INK
OR
TYPEWRITER RIBBON**

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis,</u> | | c. CITY OR TOWN <u>St. Louis,</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Our Lady of Perpetual Home</u> | | d. STREET ADDRESS (If outside, give location) <u>3914a Michigan Ave.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Cecelia</u> Middle <u>K.</u> Last <u>Grahl</u> | | 4. DATE OF DEATH Month <u>March</u> Day <u>2</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/22/1884</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>78</u> |
| 11. BIRTHPLACE (City and state or country) <u>Belleville, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Charles Epple</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Stauder</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Albert F. Grahl</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Albert F. Grahl 3419 Gasconade St.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>ARTERIO SCLEROTIC HEART DISEASE</u> <u>@ Myocardial Ischemia +</u> <u>Congestive Failure</u> DUE TO (b) <u>420.0</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ |
| 21. I attended the deceased from <u>July 1962</u> to <u>3/2/63</u> and last saw her/him alive on <u>4/28/63</u> Death occurred at <u>3:14 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Charles Stauder MD</u> | | 22b. ADDRESS <u>3438 S Grand Blvd</u> | 22c. DATE, SIGNED (State) <u>3/4/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>3/5/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter and Paul Cemetery</u> | 23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary</u> ADDRESS <u>2842 Meramec St.</u> | | 25. DATE RECD. BY LOCAL REG. <u>MAR 4 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Neal Smith M.D.</u> |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed: _____

Joe B. Dwyer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.